

PATENT APPLICATION TRANSMITTAL LETTER

Commissioner for Patents

MAIL STOP PATENT APPLICATION
P.O. Box 1450

Alexandria, VA 22313-1450

Transmitted herewith for filing of the patent application of:

Inventors: Lijun YANG

For: BONE MARROW CELL DIFFERENTIATION

Enclosed are:

X Specification, including the Abstract

X Unexecuted Declaration and Power of Attorney

X Other: 2 postcards

CLAIMS AS FILED

| FOR | NO. FILED | NO. EXTRA |
|--------------------|------------------|-----------|
| Basic Fee | | |
| Total Claims | -24- | - 4 - |
| Indep Claims | - 4- | -1- |
| multiple dependent | claim present No | |

If the difference in Col. 1 is less than zero, enter "0" in Col. 2

Small Entity

| RATE | FEE |
|-----------|-----------|
| | \$ 375.00 |
| x\$9= | \$ 36.00 |
| x \$ 42 = | \$ 42.00 |
| x \$140 = | \$ |
| TOTAL | \$ 453.00 |

Other than a Small Entity

| RATE | FEE |
|-----------|--------|
| | \$ 750 |
| x \$ 18 = | \$ |
| x \$ 84 = | \$ |
| x \$280 = | \$ |
| TOTAL | \$ |

| <u>X</u> | Please charge my Deposit Account No | o. 50-0951 in the amount of \$453.00 |
|----------|-------------------------------------|--------------------------------------|
| | | ,, ee eee, e e e., ¢ .ee.ee |

X Applicant(s) Claims Small Entity Status

A check in the amount of \$ is enclosed.

X The Commissioner is hereby authorized to charge any under or credit any overpayment to Deposit Account No. 50-0951. A duplicate of this sheet is enclosed.

X Any additional filing fees required under 37 C.F.R. 1.16.

X Any patent application processing fees under 37 C.F.R. 1.17.

Fee enclosed.

August 14,2003

Stanley A. Kim, Ph.D., Esq. Registration No. 42,730

EXPRESS MAIL LABEL NO.: EV 346752971 US